

CITY OF TUCSON

OFFICE OF THE CITY CLERK

CAMPAIGN FINANCE ADMINISTRATION REPORT RECEIPT

Primary Election – September 1, 2009 General Election – November 3, 2009

		F CANDIDATE FILING REPORT			
For _		DeCamp Campaign			
for		(Name of Political Committee) Mary DeCamp	who is	s a cand	idate for the office
101 _		Mary DeCamp (Name of Candidate, when applicable)	WIIO IX	a cana	idate for the office
of _	Cor	uncil Member Ward 3 Political Party Green	II) #	09-156-CT
		OR			
		CANDIDATE \$500 THRESHOLD EXCEPTION STA			
		(Name of Candidate)	-		
		who is a Candidate for the Office of			
		Political Party Contract #			
		Political Committee Statement of Organization #		_ _ 0	riginal or
				□ A	mended
CAMI	PAIG	N FINANCE REPORT:			
		State Campaign Finance Report (Filed on or before February 2, 2009)		9	0
		State Campaign Finance Report (Filed on or before June 30, 2009)	OFFICE OF THE		20-4
		State Pre-Primary Election Report (Filed on or before August 20, 2009)	ASP.		쯢유
			田岛	d	No.
		State Post-Primary Election Report (Filed on or before October 1, 2009)	采丟	P 1	5 8
		State Pre-General Election Report (Filed on or before October 22, 2009)		00:	2.
	K	State Post-General Election Report (Filed on or before December 3, 2009))		
		Political Committee No Activity Statement (Report date of:)
		Termination Statement (Final report must be included if not previously fil	led)		
		Other			
		Signature Deputy Cit	•	Ital	
		<u>/// -0 9 -0 9</u> Date			_



☐ Post-Primary Election Report — For Period of

☐ Pre-General Election Report — For Period of

☐ January 31, 2011 Report — For Period of

Post-General Election Report - For Period of

POLITICAL COMMITTEE STATE OF ARIZONA

For Office Use Only

CITY OF TUCSON

	CAMPAIGN FINANCE REPORT	
1.	De Camp Campaign	TIY OF TUCSON RECEIVED
	3501 N SANTA Rita Ave	WE OF LAND
	Address + C S on A 2 8 6 7 19 4 0 8 - 5 9 7 4 City Zip Code Phone Number	9 DEC -3 P1:18
2.	City Zip code Choice Name 1	
۷.	Sponsoring Organization and Office	OF PICE OF THE
	Mary De Camp Ward 3 Cancil	09-156-CI
	Name of Candidate and Office Sought (if applicable)	01150
	E-Mail Address De Camp Campaign Gamail. Com.	
4.	REPORTING PERIOD (Please check appropriate box)	FILING DEADLINE
	January 31 Report – For Period of	
	November 27, 2007 through December 31, 2008	*February 2, 2009
	June 30 Report – For Period of	
	January 1, 2009 through May 31, 2009	June 30, 2009
	Pre-Primary Election Report — For Period of	
		4
	June 1, 2009 through August 12, 2009	August 20, 2009

August 13, 2009 through September 21, 2009.....October 1, 2009

I January 31, 2011 Report — For Period of November 24, 2009 through December 31, 2010		January 31, 2011
5. SUMMARY	Column A Total This Reporting Period	Column B Election Period To Date
5a Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)		
5b Cash on Hand at Beginning of this Reporting Period	110.79	0
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	624.58	1832.86
5d Subtotal (add Lines [b] and [c] for Column A and add lines [a] and [c] for Column B)	735.37	1832.86
6a Total Debts and Obligations from Previous Campaign Committee at beginning of the Election Period (or at time Statement of Organization was filed for the new committee) (Do not add or subtract this line from the other lines)	0	0
6b Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	735.37	1832.86
7. Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d - Column A must equal Column B)	0	0

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

		_	\sim	^		
1.	Committee Name	Decam	P (aw	Jacque	3. ID# 09-156. CT	
2.	Report Covering Pe	riod From 10	. 15.9	Thru_	11.23.9	_

2. Report Covering Period From 10 13 1				
RECEIPTS	COLUMN A THIS PERIOD	COLUMN B CAMPAIGN TO DATE		
4. Contributions other than loans and in-kind:				
(a) Individuals - more than \$25 (Total from Schedule A)	290	473		
(b) Individuals - aggregate \$25 or less (Total from Schedule A-1)	5	153		
(c) Political Committees (Total from Schedule B)	295	1101		
(d) Subtotal Contributions [add 4(a), 4(b) and 4(c)]	7.15	1126		
(e) Refund of Contributions (Total from Schedule F-2)	200	11-1		
(f) Total contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]	295	1126		
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)	329.52	le 84.52		
(b) All other loans (Total from Schedule C-1)				
(c) Total loans [add 5(a) and 5(b)]	329.52	686.52		
6. In-kind contributions (Total from Schedule E)		20		
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)	.06	.34		
8. TOTAL Receipts [add 4(f), 5(c), 6, and 7]	le24.58	1832.86		
DISBURSEMENTS				
Expenditures for Operating Expenses (Total from Schedule D)	447.45	152494		
10. Independent Expenditures (Total from Schedule D-1)				
11. Value of In-kind expenditures (Total from Schedule E)		20		
12. Loans made by reporting committee (Total from Schedule D-2)				
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)	28792	287.92		
(b) Repayment of all other loans (Total from Schedule D-5)		,		
(c) Total Loan Repayments [add 13(a) and 13(b)]				
14. Transfers to other political committees (Total from Schedule D-6)				
15. Any other disbursement (Total from Schedule D-7)				
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]				
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)				
18. TOTAL disbursements [subtract line 17 from line 16]	735.37	1832.86		
19.Total Outstanding Debts owed by Reporting Candidate or Political Comm. (Schedule F-3)				
 I certify, under penalty of perjury, that I have examined the contents of this campaign finance knowledge and belief it is true and complete. 	e report and to the be	st of my		
Type or Print Name of Treasurer Gail M. Winterkorn				
Signature of Treasurer or Candidate or Designating Individual: Date 12/02/09				

CONTRIBUTIONS FROM INDIVIDUALS* (More than \$25)*

1.	Committee Name De Camp Camp	par	som	3. ID# 09-	156-CT
2.	Report Covering Period from 10-15-9	th	nru <u>ll</u> .	23.9	
4.	CONTRIBUTIONS NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBU	TOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
a.	LAST Kold FIRST Jahn STREET ADDRESS	<u>MI</u>			
	Po Box 948				
	OCCUPATION Teasher STATE STATE 856 EMPLOYER Az 3ch Deaf à	Blind	10.24.9	110.—	110
b.	LAST Hopkins FIRST Donald	M J			
	90 W. Olive Dr				
	OCCUPATION Vetived EMPLOYER 5elf	614	10.24.9	Ga	50.
C.	LAST Crofeau FIRST David	МІ			
	STREET ADDRESS & 4 Th 5T				
	CITY LUCSON STATE AZ 857	05	11.4.9	130 -	130 -
	occupation Painter EMPLOYER SELF				
d.	LAST FIRST	MI			
	STREET ADDRESS				
	CITY STATE ZIP			, Y C T T T T T T T T T T T T T T T T T T	1303 1303 1303
	OCCUPATION EMPLOYER				YES .
e.	LAST FIRST	МІ		^m	0
	STREET ADDRESS				
	CITY STATE ZIP				
	OCCUPATION EMPLOYER				
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page of Schedule A, transfer total to Detailed Summary Page line 4(a), Column A]			290	
	*If contributions of \$25 or less are listed with contributor's name, a do not include them on Schedule A-1.	ddress, o	ccupation and emp		1
REV	/ 3/00			Schedule A Page	of

REV 3/00

1.	Committee Name_	Dela	my	& Carry	1ais	3. ID# 09~156·CT	
2.	Report Covering Pe	eriod from	10.	15.9	thru	11. 23.9	

4. Aggregate Total of Contributions of \$25 or Less

Description		Amount Received This Period		Cumulative Total This Campaign To Date
Farmer	Valenciano	5. —		5. —
FUCSON	OFFICE OF THE CITY CLERK			
5. TOTAL THIS PERIOD [Transfer total to Detailed St 4 (b), Column A]		6-1	6. CUMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]	153

^{*}If contributions of \$25 or less are listed with contributors name and address on Schedule A, do not include them on this schedule.

1.	Committee Name De Camp Campa	a'cy	3. ID#	09-	156-CT	
2.	Report Covering Period from 10.15.9	thru 1\2				
4.	LOANS MADE OR GUARANTEED BY CANDIDATE NAME AND ADDRESS FROM WHOM RECEIVED	DATE RECEIVED	AMOU RECEIV THIS PERIO	/ED	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
a.	NAME, ADDRESS, CITY, STATE AND ZIP					
	Mary De Camp	10.22.9	329	.52	686.5	2
	DESCRIPTION LO am					
b.	NAME, ADDRESS, CITY, STATE AND ZIP					
	DESCRIPTION					
c.	NAME, ADDRESS, CITY, STATE AND ZIP					_
	DESCRIPTION			10	0	
d.	NAME, ADDRESS, CITY, STATE AND ZIP			W	22	_
			국 <u>R</u>	居	E E E	
			69	ů.	==	
	DESCRIPTION		菜書	P . 1	58	
e.	NAME, ADDRESS, CITY, STATE AND ZIP			Ö		=
	DESCRIPTION					
f.	NAME, ADDRESS, CITY, STATE AND ZIP				1	_
	DESCRIPTION					
5.	ENTER TOTAL OF LOANS MADE OR GUARANTEED BY CANDIDATE ONLY	IF LAST				
	PAGE OF SCHEDULE C [If last page of Schedule C, transfer total to Detailed Summary Page,					
	Line 5(a), Column A]					100

CANDIDATE LOANS

2.1D# 09-156-CT Committee Name 1. 11.23.9 Report Covering Period from: **AMOUNT** DATE **EXPENDITURES** 4. OF THE **EXPENDITURE** NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE **EXPENDITURE** MADE NAME, ADDRESS, CITY, STATE AND ZIP Gail WinterKorn 669 N CATALINA TUCSON AZ 85711 10.23.9 CHECK# DESCRIPTION OF ITEMS OR SERVICES PURCHASED 75 25 b. NAME, ADDRESS, CITY, STATE AND ZIP KJLL TU CSON/Hudson Communications 10.23.9 4433 & Broadway TUCSON A 2 85711
DESCRIPTION OF ITEMS OR SERVICES PURCHASED 224 CHECK# 26 vadio advertising NAME, ADDRESS, CITY, STATE AND ZIP La Indita N. 4Th Are TUCSON AZ 11.3.9 130. — DESCRIPTION OF ITEMS OR SERVICES PURCHASED CHECK# Campaign results meeting 27 d. NAME, ADDRESS, CITY, STATE AND ZIP Commerce Bank 3002 N CAMPBELL TVC 800 AZ 8 10.31.9 18.45 CHECK# tenance Fee or checking 8 2 NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF ITEMS OR SERVICES PURCHASED CHECK# NAME, ADDRESS, CITY, STATE AND ZIP CHECK# DESCRIPTION OF ITEMS OR SERVICES PURCHASED 5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D 447.45 [If last page of Schedule D, transfer total to Detailed Summary Page, Line 9, Column A]

^{*}Expenditures, other than a contract, promise or agreement to make an expenditure resulting in credit.

1.	Committee Name	De Camp	Cam	paisin		2. ID#	09-156	-CT
3.	Report Covering Per	iod from:	10-15-	09 thru_	11-	23-	09	

4.	REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
a.	NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE NAME, ADDRESS, CITY, STATE AND ZIP MORY DECAMP 350 N SANHA RILA AVE TUCSON AZ 85719		287.92
b.	NAME, ADDRESS, CITY, STATE AND ZIP		
c.	NAME, ADDRESS, CITY, STATE AND ZIP		
d.	NAME, ADDRESS, CITY, STATE AND ZIP	9	On y
e.	NAME, ADDRESS, CITY, STATE AND ZIP	EG -3 P1:19 CE OF THE Y CLERK	DE TUCSON
f.	NAME, ADDRESS, CITY, STATE AND ZIP		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-4 [Transfer total to Detailed Summary Page, Line 13(a), Column A]		287.92

1.	Committee Name De C	amp Cam	Dong	2. ID# 09~ 156 - CT	
3.	Report Covering Period from:	10.15.9	thru	11.23.9	

4.	DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIPT WAS RECEIVED	DATE RECEIVED	AMOUNT OF THE RECEIPT
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# Connece Bank 3805 & Broadway TUCSON A2 85716 DESCRIPTION OF RECEIPT INTEREST ON Checking	10.31.9	.06
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT		
C.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT	9 0F	<u>S</u>
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	DEC -3 FICE OF	RECEIVE VOL LO
	DESCRIPTION OF RECEIPT	P1:15	90 S
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		·
	DESCRIPTION OF RECEIPT		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-1 [If last page of Schedule F-1, transfer total to Detailed Summary Page, Line 7, Column A]		.06